



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 1:53 pm, Apr 03, 2013

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN <u>201192</u>	NAME OF AGENCY <u>BALLWIN POLICE DEPARTMENT</u>	DATE OF INSPECTION <u>04/01/13</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>300 PARK DRIVE, BALLWIN</u>		TIME OF INSPECTION <u>13:57</u>

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <u>04/01/13 13:57</u>
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>49</u> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>GOH LABORATORIES, INC.</u> LOT # <u>12100</u> EXP. DATE <u>7/18/14</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2103</u> EXP. DATE <u>02/04/2014</u>	
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 <u>.098</u>	TEST 2 <u>.099</u>	TEST 3 <u>.099</u>
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

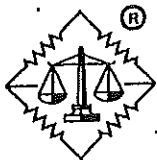
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <u>1</u>	(0-.04) <u>1</u>	(.05-.09) <u>1</u>	(.10-.14) <u>2</u>	(.15-.19) <u>2</u>	OVER .19 <u>1</u>
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

INSTRUMENT IS OPERATING WITHIN THE PARAMETERS SET BY THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES.

INSPECTING OFFICER	
SIGNATURE <u>P.O. Woolsey #248</u>	PRINT FULL NAME <u>P.O. WOOLSEY, DSN 248</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220196</u>	TELEPHONE NUMBER <u>636.227.2941</u>
RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901	



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 12100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 20, 2012, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is July 18, 2014 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
COLUMBIA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201192
04/01/13
13:57

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 49c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGH
IJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz{|}~
!@#\$%^&*()_+,-./0123456789:;<=>?@

OPERATOR SIGNATURE

P.O. #248

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
JAIL/IN POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201192
04/01/13

TESTING OFFICER:
WOOLSEY
OFFICER I.D.# 245
PERMIT NUMBER: 220196
EXPIRATION DATE: 08/12/14
MISCELLANEOUS DATA:
TEST
TEST

---- SUPERVISOR MODE ----

BLANK TEST	.000	14:00
INTERNAL STANDARD	VERIFIED	14:00
EXTERNAL STANDARD	.099	14:01
BLANK TEST	.000	14:01
EXTERNAL STANDARD	.099	14:02
BLANK TEST	.000	14:02
EXTERNAL STANDARD	.099	14:03
BLANK TEST	.000	14:03

N = 3
SIM. = .1
AVG. = .0986

OPERATOR SIGNATURE

P.O. [Signature] #248

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
BALLWIN POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201192
04/01/13

ARREST TIME: 13:30

SUBJECT NAME:

TEST

DOB: 04/04/44 SEX: M

STATE/D.L.: LA/45678

ARRESTING OFFICER:

WOOLSEY

OFFICER I.D.: 248

TESTING OFFICER:

WOOLSEY

OFFICER I.D.: 248

PERMIT NUMBER: 220196

EXPIRATION DATE: 08/13/14

MISCELLANEOUS DATA:

TEST

TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	14:09
INTERNAL STANDARD	VERIFIED	14:09
RADIO INTERFERENCE		

OPERATOR SIGNATURE

PO V-#248

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



PHIL WOOLSEY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 08/13/2012

Number 220196

Expires 08/13/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)

CERTIFIED ALCOHOL REFERENCE
SOLUTION FOR SIMULATOR

<u>12100</u> LOT NO.	<u>7/18/12</u> MFG. DATE	<u>7/18/14</u> EXP. DATE
<u>275 Gal.</u> LOT VOL.	<u>500 ML</u> BOT. VOL.	<u> </u> BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read 0.10

For additional information contact:

Guth Laboratories, Inc.
590 North 67th Street, Harrisburg, PA 17111
Toll Free 800-233-2338
Rev. 4/02

